

❖ SPECIAL FEATURE

Making The Merger Work

October 18, 2023 | Monica E. Oss

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Mergers and acquisitions (M&A) are increasingly common in health and human services but it doesn't mean that most of them are successful. Across all industries, between 70% and 90% of M&A transactions fail (see [The Big Idea: The New M&A Playbook](#)). A more recent McKinsey & Company analysis found that 10% of M&A deals are cancelled after they are announced — 11.7% in health care (see [Done deal? Why many large transactions fail to cross the finish line](#)). And the larger the deal, the less likely the success. Of the unsuccessful deals, 73% are related to disagreements on financial terms, regulatory issues, or political problems.

Based on these statistics, the successful merger is the exception rather than the rule. We had the chance to hear a firsthand success story at the [Transformation Showcase: Making Mergers Work](#) session at the [2023 OPEN MINDS Executive Leadership Retreat](#). The speakers, Karen Carloni, Executive Director at The Southern Maryland Community Network, and Cari Guthrie, President and Chief Executive Officer of Cornerstone Montgomery spoke about the key elements in making their merger a success [\[read full article\]](#).



Karen Carloni
LCPC, CRC
Executive Director, The
Southern Maryland
Community Network



Cari A. Guthrie
LCSW-C
President & CEO
Cornerstone
Montgomery

“Performance Management in the Age of Empathy”

FREE Webinar Exclusively for RCPA Members on
Monday, December 11, Featuring Michael Cohen

About RCPA:

With close to 400 members, the majority of who serve over one million Pennsylvanians annually, Rehabilitation and Community Providers Association (RCPA) is among the largest and most diverse state health and human services trade associations in the nation. RCPA advocates for those in need, works to advance effective state and federal public policies, serves as a forum for the exchange of information and experience, and provides professional support to members. RCPA provider members offer mental health, substance use disorder, intellectual and developmental disabilities, children's, brain injury, medical rehabilitation, and physical disabilities and aging services, through all settings and levels of care.

Contact **Tieanna Lloyd**, Membership Services Manager, with inquiries or updates regarding the following:

- **Membership Benefits**
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NEW MEMBER INFORMATION

December 2023

BUSINESS

Braeburn Inc.

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Plymouth Meeting, PA 19462
Neely Frye, Director of Government Affairs

Indivior Inc.

10710 Midlothian Turnpike, Ste 125
North Chesterfield, VA 23235
Jeanine Miles, Access Director Criminal Justice Systems

Quantum Strategies

32 Regency Plaza
Glen Mills, PA 19342
William Rizzo, Managing Partner and Chief Strategist

IPRC

Doernbecher Children's Hospital

3181 SW Sam Jackson Park Rd
Portland, OR 97239
Jessica Grant, Manager, Pediatric Rehab

Medstar National Rehabilitation Hospital

102 Irving St NW
Washington, DC 20010
Maria Summers, Inpatient Physical Therapy Clinical Supervisor and SCCE

PROVIDER

Abound Health PA, LLC

3330 Monroe Rd
Charlotte, NC 28205
Dennis Lally, CEO

Aldie Foundation

11 Welden Dr
Doylestown, PA 18901
Jerry Birkelbach, CEO

ARS Treatment Centers

3433 Trindle Rd
Camp Hill, PA 17011
Genevieve King, COO

Harborcreek Youth Services

5712 Iroquois Ave
Erie, PA 16421
John Petulla, CEO

New Directions Mental Health

3000 Park Place Dr, Ste 108
Washington, PA 15301
Brian Wheelen, CEO

MEMBER CONTRIBUTOR CORNER

Experience Rating Plan Provisions: Impact on Employers Across the Keystone State



By Emily Reiter, CIC, Executive Producer, Commercial Risk Advisor, *Brown & Brown*

Workers' compensation is often a topic of contention among employers across the Commonwealth. Pennsylvania employers saw the last major adjustment to the experience rating plan in 2004. Performance testing has since shown declines in predictive accuracy, prompting the Pennsylvania Compensation Rating Bureau to conduct a comprehensive analysis of the calculation methodology. With the first revision in twenty years quickly approaching, an employer must question: **What will the landscape for my business look like in 2024?**

With manual rating, employers are grouped according to their business operations, or classification. The Experience Rating Plan was designed to aid in the manual rating process. Employers have benefitted from the refinement, as the adjusted premium costs better reflect individual employers' potential for incurred losses. However, when a state's rating plan cannot accurately capture the true impact of an employer's experience, final premiums can inaccurately reflect past loss experience, thus resulting in erroneously inflated premiums [\[read full article\]](#). ◀

MEMBER CONTRIBUTOR CORNER

Bringing a Voice to Treatment: How Shatterproof's Treatment Atlas Supports Patients in Identifying Care to Meet Their Needs and Share Their Treatment Experiences

By The Treatment Atlas Team, Shatterproof

Following its launch in 2022, Shatterproof's Treatment Atlas has worked alongside the Pennsylvania SUD treatment community to help make services more accessible to all those impacted by addiction. Treatment Atlas ("Atlas") is a free to use web-based treatment locator that is available to anyone seeking information on SUD treatment programs. Employing Shatterproof's National Principles of Care – eight principles of evidence-based treatment derived from the 2016 Surgeon General's report – Atlas serves as a database of SUD providers within the state of Pennsylvania, providing insights into each

facility's ability to offer high quality treatment based on their integration of these principles. This information, paired with data provided directly from facilities regarding services that are available, helps visitors to Atlas gain a well-rounded understanding of all that a facility has to offer. As of now, there are over 600 providers across the state of Pennsylvania listed on TreatmentAtlas.org. For those in need of care, this is huge – individuals, family members and anyone impacted by addiction can log onto TreatmentAtlas.org with confidence, knowing that Atlas will help guide them to find and compare treatment that works best for them [\[read full article\]](#). ◀

DIVERSITY

What is Digital Equity and Why is it Important?

In this technology age, many health care, employment, and education opportunities rely on both availability and fluency with use of technology. Individuals who lack access or training/exposure on use of technology have a distinct disadvantage. The concept of Digital Equity aims to address the divide in access to digital infrastructure that gives some people advantages over others in education, work, and society. A key factor in digital equity is not only access, but also familiarity, comfort, and ease of use.

The [Digital Equity Act](#) provides \$2.75 billion to establish three grant programs that promote digital equity and inclusion. They aim to ensure that all people and communities have the skills, technology, and capacity needed to reap the full benefits of our digital economy. State-based Digital Equity Plans are the mechanism by which federal funding is distributed to states to support greater broadband access, among other improvements.

Pennsylvania is poised to receive over one billion dollars in funding over the next five years to expand high-speed internet access across the Commonwealth. Narrowing the digital divide is a crucial component to driving equitable access to programs, health care, education, and information. ◀



The Great Retirement?

October 4, 2023 | Monica E. Oss

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Between 2022 and 2030, 75 million Boomers are expected to retire. Experts are calling this employment shift “The Great Retirement,” and it may surpass The Great Resignation as the most significant employment trend in recent memory (see [The Impact Of Baby Boomers Retiring](#) and [Developing A Talent Management Strategy For The Future](#)).

These national statistics were evident in our recent survey of executive retention and compensation in specialty and primary care organizations, [The 2023 OPEN MINDS Executive Compensation & Retention Survey](#)—where over half of CEOs plan to leave or are considering leaving. Currently, 61% of specialty provider organization CEOs are planning to leave or would consider leaving. That number is 54% among primary care/FQHC CEOs.

But the reasons for those departures in the two sectors are different. Among specialty provider organization CEOs, 60% are leaving to retire (this includes organizations with primary service lines in behavioral health, I/DD, long-term care, and children’s services). But 57% of primary care CEOs are leaving for higher compensation or a new opportunity [[read full article](#)]. ◀

TELEHEALTH

Federal

The Drug Enforcement Agency (DEA) issued a [temporary rule](#) extending the allowance for physicians and practitioners to prescribe controlled medications to new patients based on a relationship solely established through telemedicine (live video or telephone for buprenorphine) until December 31, 2024. The extension will give the DEA time to consider permanent changes to their rules around prescribing controlled substances moving forward.

Key concerns from stakeholders expressed during the listening sessions were related to in-person visit requirements, the 30-day prescribing limit in the initially proposed rules, and adding various reporting requirements, such as notating on prescriptions that they were prescribed via telemedicine. The rule itself lists additional reasons the extension is being issued:

- ▶ Prevent a reduction in access to care for patients who do not yet have an existing telemedicine relationship;
- ▶ For relationships established both during the COVID-19 PHE and those established shortly after, prevent backlogs with respect to in-person medical evaluations in the months shortly before and after the expiration of the telemedicine flexibilities;

- ▶ Address the urgent public health need for continued access to the initiation of buprenorphine as medication for opioid use disorder in the context of the continuing opioid public health crisis;
- ▶ Allow patients, practitioners, pharmacists, service providers, and other stakeholders sufficient time to prepare for the implementation of any future regulations that apply to prescribing of controlled medications via telemedicine; and
- ▶ Enable DEA, jointly with HHS, to conduct a thorough evaluation of regulatory alternatives in order to promulgate regulations that most effectively expand access to telemedicine encounters in a manner that is consistent with public health and safety, while also effectively mitigating against the risk of possible diversion.

RCPA will continue its advocacy work in partnering with the National Council for Mental Wellbeing to support the flexibility becoming part of reimagined legislation. ◀

❖ TELEHEALTH

PA Telehealth

In preparation for the release of the next OMHSAS telehealth bulletin, RCPA is working with members and OMHSAS to address any current barriers and challenges, as well as reformatting and reconsideration for the current guidelines.

Psychiatry Time Regulations & Updated Act 76

RCPA continues its efforts on expanding the telehealth delivery capacity and flexibilities of the psychiatrist. The association has worked with legislators on new language that would amend the position requirement of fulfilling the 50% in-person psychiatric time at the psychiatric outpatient clinic. Under the new language, the required 50% time may be provided by:

- i. An advanced practice professional; specifically, a certified psychiatric nurse practitioner or a physician's assistant with mental health specialization; or
- ii. A board certified psychiatrist. ◀

❖ GOVERNMENT AFFAIRS

RCPA's Legislative Tracking Report

RCPA is constantly tracking various policy initiatives and legislation that may have positive or negative effects on our members and those we serve. For your convenience, RCPA has created a [legislative tracking report](#), containing the bills and resolutions we are currently following. You can review this tracking report to see the legislative initiatives that the PA General Assembly may undertake during the current Legislative Session. If you have questions on a specific bill or policy, please contact [Jack Phillips](#), Director of Government Affairs. ◀

❖ BEHAVIORAL HEALTH

SUBSTANCE USE DISORDER TREATMENT SERVICES

SAMHSA Report Begg Questions About Definition of Recovery, Purpose of Addiction Treatment

By Jason Snyder, Director, Substance Use Disorder Treatment Services, BH Division, RCPA

In September 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a report, "Recovery from Substance Use and Mental Health Problems Among Adults in the United States."

Although the definition and concept of recovery from addiction have been morphing for some time, the self-reported data contained in the [report](#), coupled with SAMHSA's definition of recovery, lays out starkly that what is considered recovery today is far different from what it has been considered historically. In some ways, it begs the question, then, "What is the purpose of addiction treatment?" What are the implications for addiction treatment providers, who for decades have operated with a mission of helping their patients stop their use of drugs and alcohol?

Using data from the 2021 National Survey on Drug Use and Health (NSDUH), SAMHSA's report shows that

70 million adults aged 18 or older perceived that they ever had a substance use or mental health problem. For substance use specifically, of the 29 million adults who perceived that they ever had a substance use problem, 72 percent (or 20.9 million) considered themselves to be in recovery or to have recovered from their drug or alcohol use problem (see SAMHSA's [press release](#)).

Of the 72 percent who considered themselves to be in recovery or to have recovered from their drug or alcohol use problem:

- ▶ 65 percent reported using alcohol in the past year;
- ▶ 68 percent reported using marijuana in the past year;
- ▶ 60 percent reported using cocaine in the past year; and
- ▶ 61 percent reported using hallucinogens in the past year.

Curiously, it doesn't appear that respondents were asked whether they used illicit opioids in the past year [\[read full article\]](#). ◀

2024 CMS Physicians Fee Schedule

The 2024 CMS Physicians Fee Schedule (PFS) final rule will be officially published in the Federal Register on Nov. 16, 2023. On Nov. 2, 2023, CMS issued its [final rule](#) for the CY 2024 PFS, which establishes policy changes for Medicare payments and related policies effective on or after Jan. 1, 2024.

Mental Health and Substance Use Disorder-Specific Provisions Include:

- ▶ Ability for marriage and family therapists (MFTs) and mental health counselors (MHCs), as well as addiction counselors who meet MHC requirements, to now enroll in Medicare and bill for services furnished starting January 1, 2024. MFTs and MHCs are also added as distant site practitioners for purposes of furnishing telehealth services and included as eligible for payment for services furnished at rural health clinics (RHCs) and federally qualified health centers (FQHCs).
 - Individuals who meet the MFT or MHC eligibility requirements established in the Final Rule are able to enroll in Medicare via the [Form CMS-855I application](#) (Medicare Enrollment Application – Physicians and Non-Physician Practitioners; OMB No. 0938-1355) and can begin submitting their enrollment applications now, for services furnished beginning Jan. 1, 2024. Visit the [Medicare enrollment for providers & suppliers](#) page for basic information on the provider enrollment process.
- ▶ Ability for MFTs, MHCs, Clinical Social Workers (CSWs), and Clinical Psychologists to conduct and bill for health behavior assessment and intervention services (HBAI).

Telehealth-Specific Provisions Include:

- ▶ Continued delay of the in-person requirement for tele-behavioral health visits, continued temporary expansion of telehealth originating sites for telehealth services, continued coverage for audio-only communication systems, and direct supervision defined to permit the immediate availability of the supervising practitioner through real-time audio and visual communications through December 2024.
- ▶ Beginning in CY 2024, claims billed with POS 10 (Telehealth Provided in Patient's Home) will be paid at the non-facility PFS rate, and claims billed with POS 02 (Telehealth Provided Other Than in Patient's Home) will continue to be paid at the facility PFS rate.

Additionally, CMS is finalizing new coding and payment changes for social determinants of health risk assessment, community health integration, and principal illness navigator services. ◀



State Children's Complex Care Initiative

In response to the significant barriers to treatment, supports, and services for children with complex behavioral health needs, the Pennsylvania Department of Human Services (DHS) established a statewide Children's Complex Behavioral Health Task Force. The goal is to improve the systems which care for and support these youths and their families. To accomplish that goal, DHS launched an initiative to better **understand their needs, develop recommendations** to improve the systems of care, and **build capacity** by providing an intensive annual training curriculum to support multi-system functioning and collaboration. Below you will find an overview of this initiative.

Task force participants include a diverse group of systems and stakeholders:

- ▶ Providers, county mental health, intellectual disabilities and autism, child welfare, early intervention, and Child and Adolescent Service System Program (CASSP) / System of Care (SOC);
- ▶ Behavioral Health Managed Care Organizations (BH-MCOs), Behavioral Health Primary Contractors;
- ▶ Youth and family;
- ▶ Education (Pennsylvania Department of Education, school districts, intermediate units, approved private schools, and charter schools); and
- ▶ Acute care hospitals. ◀

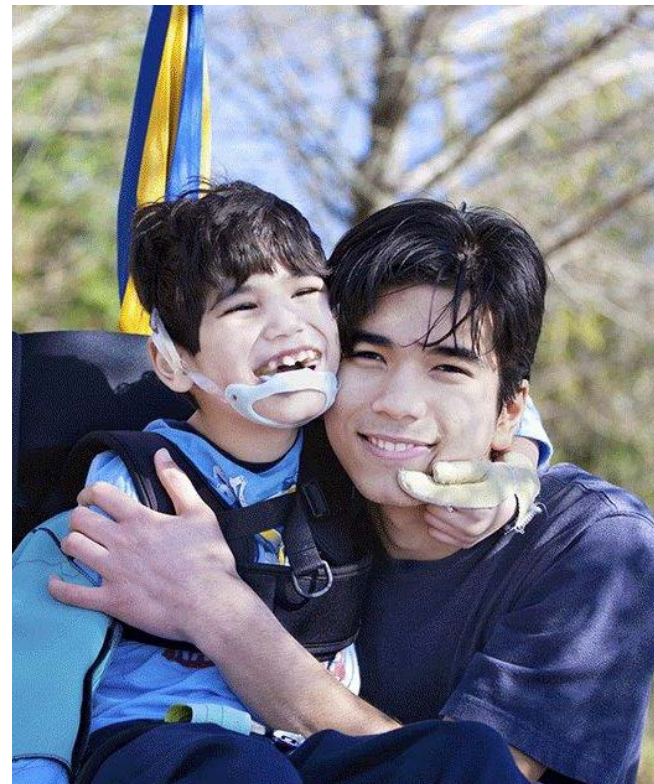
Blueprint Work Group: Desired Future State (DFS)

In Pennsylvania, we believe all youth with complex needs and their families will have the opportunity to access timely supports and services that are individualized, trauma-informed, holistic, respectful of race and culture, family and youth driven, and available in their own communities.

This will be evidenced by:

- ▶ A focus on youth and family engagement while honoring their voice and choice.
- ▶ Establishing and maintaining a well-supported and qualified workforce.
- ▶ Collaboration and shared understanding across systems to support planning and shared goals.
- ▶ Systems which prioritize early identification, proactive intervention, and service options that support family stability, safety, and the youth's healthy development and meaningful relationships which support lifelong connections.
- ▶ Teams engage in ongoing and integrated planning that supports the everyday needs of a family and youth (housing, education, transportation, scheduling, access to medical care, etc.).
- ▶ Service delivery is coordinated, accessible, timely, and includes support throughout the process.

Recommendations for this systems transformation are aimed at improving all systems supporting these youths and their families and at all levels of government. The recommendations will be released in mid-December of 2023. ◀



Office of Developmental Programs Develops Plans for Selective Contracting

The Commonwealth of Pennsylvania's Department of Human Services, Office of Developmental Programs (ODP) intends to pursue two statewide 1915(b)(4) selective contracting waivers for select services currently offered in 1915(c) waiver programs. The services that will be included are residential services — residential habilitation (licensed and unlicensed) — supported living — life sharing (licensed and unlicensed) and supports coordination. The selective contracting authority has the effect of removing the requirement of contracting with any willing and qualified provider and also gives flexibilities in payment arrangements, allowing for alternative payments and tying payments to outcomes.

Over the past several months, a group of stakeholders gathered by ODP, the Residential Strategic Thinking Group, spent much time involved in discussing and developing [Performance Standards](#) for providers who serve individuals in residential settings. The proposed standards are outlined in several performance areas:

- ▶ Continuum of Services (provide two of the three services, number of individuals with successful transition to Life Sharing and Supported Living).
- ▶ Workforce (credentialing of DSPs and front line supervisors, strategy for workforce stability, participation in NCI staff stability survey, and commitment to DEI).
- ▶ Supporting Individuals with Complex Needs including dual diagnosis/behavioral needs, and complex medical needs, workforce that is prepared to serve those with complex needs.
- ▶ Referral and Discharge Practices (timeliness of response to referrals and placements, and reasons for discharges).
- ▶ Data Management Collection (use in quality management activities, HIPAA compliant electronic health records).
- ▶ Risk Management (Incident management fidelity, health risk screening fidelity).
- ▶ Employment (Support of individuals in seeking and obtaining employment and rate of competitive integrated employment for those served).
- ▶ Use of remote support technology

- ▶ Regulatory Compliance
- ▶ Community Integration (ratings on NCI survey areas for "social connectedness" and "satisfaction with community inclusion").
- ▶ Quality policies and activities (Continuous quality improvement, commitment to wellness based on HRS data, engagement, and support to families).
- ▶ Administration demonstrating sound corporate governance (Fiscal review, disclosure processes for conflicts of interest, criminal background, licensing history in other settings and other states).

Residential providers will be measured by these standards, and depending on their level of compliance with each area, will be considered either a primary provider, select provider, or clinically enhanced provider. The provider category will impact the referrals that can be accepted at a particular provider. Providers who do not meet these requirements are ultimately not offered contracts to perform these services.

Meeting certain standards will potentially allow for enhanced payments in the future (pay for performance). States that elect to use 1915(b)(4) selective contracting waivers may use alternative payment models. An alternative payment model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. Providers will be evaluated annually. Any pay for performance metrics will be evaluated based on documented improvement year over year.

ODP has been collecting the baseline data from residential providers via a survey in November 2023, to determine a starting place for use in developing measures for meeting the established standards when the new waiver is implemented. The Supports Coordination Organization Strategic Thinking Group is now beginning the same process to determine performance standards for SCOs. ODP will publish the 1915(b)(4) application and any accompanying 1915(c) amendments for public comment prior to submitting to CMS. ODP intends to implement selective contracting for residential programs January 1, 2025. ◀

Navigating the Transition to Value-Based Care in IDD Treatment

By Julia McConnell, Senior Solutions Consultant, Qualifacts

Over the last 15 years, we have seen health care models transition from fee for service to value-based care as the US federal government works to try and drive down our nation's high health care costs and to promote better outcomes for those you serve. This type of reimbursement model focuses on the value of care that consumers receive with measurements deriving from the health care outcomes rather than the amount of services provided like in fee-for-service or a capitated approach. Value-based care (VBC) looks to hold providers more accountable for improving their consumers' health outcomes and looks to help lower health care costs. This reimbursement model continues to gain traction in many medical specialties, including Intellectual and Developmental Disabilities (IDD).

Embracing Value-Based Care For IDD

This shift towards more value-based care models is a positive step in the direction of better care and better

outcomes for consumers with IDD. By implementing the right strategy and the right technology, IDD providers can not only survive the shift, but they can learn to thrive in the new market while ensuring the individuals they serve receive the best possible care.

By focusing more on the quality of care rather than just the type of care, VBC can help shift focus away from offering consumers the most expensive treatments a provider can bill for to care that will have a greater impact for that consumer specifically. This is especially important for the IDD population who aren't simply visiting a provider for checkups or an injury but instead require ongoing, specialized care that encompasses medical, behavioral, and social support services. Value-based care ensures providers are able to deliver the necessary care to these individuals without feeling limited by billing practices [[Read the full article to learn strategies for a seamless transition to VBR](#)]. ◀



❖ BRAIN INJURY

Administration for Community Living Releases New Resource/BI State Self-Assessment Tool

The Administration for Community Living's (ACL) Traumatic Brain Injury (TBI) Technical Assistance and Resource Center's (TARC) has released a new resource: the [Strong Infrastructure Components for Brain Injury \(BI\): State Self-Assessment Tool](#). This tool was created to assist BI partners and collaborators in determining which level best describes their state's progress, and to give some guidance to what a more comprehensive system could include. The tool is designed to be a guide, and states should consider re-assessing routinely or at various points to assist in state planning efforts, such as conducting a new needs assessment, developing or updating a state plan, or applying for a grant opportunity. ◀

ReDiscoverU Program Continues to Help Brain Injury Clients

Starting in 2023, the ReDiscoverU program was overseen by the Brain Injury Association of Pennsylvania (BIAPA). The program, originally established by the Council on Brain Injury (CoBI), assists individuals with a brain injury to learn new skills, or rediscover past interests, through inclusive and diverse educational opportunities that enhance the health, well-being, and knowledge of those who participate in the classes. The classes are held virtually year-round on Monday nights at 6:00 pm ET with this [Zoom link](#). ◀

❖ MEDICAL REHAB



CY 2024 Outpatient Prospective Payment System (OPPS) Payment Rule Released by CMS

On November 2, 2023, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2024 Outpatient Prospective Payment System (OPPS) [final rule](#). The rule includes information about setting payment rates for outpatient services, and also includes new requirements around hospital price transparency that were finalized. The final rule has been published in the [Federal Register](#) on November 22, 2023. ◀

Telehealth Permanence Being Considered by Congress

Recently, the Senate Finance Subcommittee on Health Care held a [hearing](#) on permanently expanding telehealth benefits for Medicare patients. Several lawmakers called for permanent expansion of the post-COVID-19 telehealth waivers and flexibilities that were initially tied to the public health emergency. Congress previously expanded these flexibilities until the end of 2024, and the Centers for Medicare and Medicaid Services (CMS) recently updated its regulations to align with Congress's mandate in the recently published calendar year (CY) 2024 Physicians Fee Schedule final rule. However, further congressional action is required to extend the flexibilities past 2024 or to make them permanent. ◀

AARP Study Highlights Opportunities for Pennsylvania to Improve LTSS

The 2023 *LTSS State Scorecard* (the *Scorecard*) is a compilation of state data and analysis based on a new vision of a high-performing state long-term services and supports (LTSS) system. This Scorecard is based on an updated vision of high-performing LTSS systems, which includes the following elements:

	Key Indicators	Pennsylvania Rank of 50 states
1. Affordability and Access	Value	34
2. Choice of Setting and Provider	Consumer Choice and Control	4
3. Safety and Quality	Care Transition	26
4. Support for Family Caregivers	Family Supports and Benefits	46
5. Community Integration	Access to Community Resources	11
Overall		21

EXHIBIT 3 | States are ranked 1-51 in overall performance, from top to bottom performance.

TIER 1	
State	Rank
Minnesota	1
Washington	2
District of Columbia	3
Massachusetts	4
Colorado	5

TIER 2	
State	Rank
New York	6
Oregon	7
Hawaii	8
Vermont	9
New Jersey	10
California	11
Rhode Island	12
Connecticut	13
Maryland	14
Wisconsin	15
Maine	16

TIER 3	
State	Rank
Delaware	17
Nebraska	18
North Dakota	19
New Mexico	20
Pennsylvania	21
Arizona	22
Iowa	23
New Hampshire	24
Illinois	25
Alaska	26
Indiana	27
Virginia	28
Utah	29
Kansas	30
Michigan	31
Ohio	32
Montana	33
Texas	34
Idaho	35

TIER 4	
State	Rank
South Dakota	36
Arkansas	37
Missouri	38
Georgia	39
Wyoming	40
North Carolina	41
Kentucky	42
Florida	43
Nevada	44
Louisiana	45
Oklahoma	46

TIER 5	
State	Rank
Tennessee	47
Mississippi	48
South Carolina	49
Alabama	50
West Virginia	51

Source: Long-Term Services and Supports State Scorecard, 2023.

The study highlights significant opportunities for Pennsylvania to enhance:

1. Affordability and access in the areas of presumptive eligibility for Medicaid and homecare costs;
2. Safety and quality in the ability to access housing and employment for people with disabilities; and
3. Support for family caregivers, particularly in providing access to benefits and nurse scope of services areas.

The Commonwealth can address these specific areas of opportunity by engaging with the key stakeholders and being more transparent in the development of the next generation of waivers. The full text to the AARP study can be found [here](#). ◀

PHYSICAL DISABILITIES & AGING

Status of Key Procurements by the Office of Long-Term Living (OLTL)

As of the writing of this article, the following procurements were pending:

- ▶ OBRA FMS – Award has been issued to PPL, but no start date was published due to a protest.
- ▶ Agency With Choice – Procurement is currently suspended pending legal action.
- ▶ Independent Enrollment Broker – Pending legal action.
- ▶ Community HealthChoices – for MCO contracts effective 1/1/2025 – No timeline has been published. ◀



RCPA Events Calendar

*Events subject to change; members will be notified of any developments.



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